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AUTHORITY

AGO ltr 29 Apr 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
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IN REPLY REFER TO
AGAM-P (M) (21 Jun 67) FOR OT

29 June 1967

SUBJECT: Operational Report - Lessons Learned, Headquarters, 2D
Surgical Hospital (Mobile Army)

AD829430

TO: SEE DISTRIBUTION

1. Forwarded as inclosure is Operational Report - Lessons Learned, Headquarters, 2D Surgical Hospital (Mobile Army) for quarterly period ending 31 January 1967. Information contained in this report should be reviewed and evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraph 6c and d of AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to the Commandants of the Service Schools to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

1 Incl
as

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STATEMENT #2 UNCLASSIFIED

FOROT RD (Continued on page 2)
670100

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D SURGICAL HOSPITAL (MOBILE ARMY)
APO San Francisco 96294

AVCA-MB-GD-SA-A

6 February 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (NCS CSFOR-65)(U)

THRU: Commanding Officer
55th Medical Group
ATTN: Historian
APO 96238

Commanding Officer
44th Medical Brigade
ATTN: Historian
APO 96307

Commanding General
1st Logistical Command
ATTN: AVLG-GO-H
APO 96307

Commanding General
United States Army, Vietnam
ATTN: AVC-DH
APO 96307

Commander-in-Chief
United States Army, Pacific
ATTN: GPOF-MH

TO: Assistant Chief of Staff for Forces Development
Department of the Army
Washington, D.C. 20310

FOROTRD
670100

6 February 1967 2.

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65)(U)

SECTION I

SIGNIFICANT ORGANIZATIONAL ACTIVITIES

During the reporting period, much progress was made to improve the hospital complex. Major items completed by other than troop labor were: Plumbing throughout hospital area, installation of heating system for hot water throughout the area to include showers and kitchen area, and installation of lighting system for the helipad. Using the self-help program (troop labor), the unit completed the following projects: covered ramps throughout hospital area, repainted the entire interior of hospital, and remodelled the Hospital Headquarters, Cast Room, Medical Library and Red Cross Recreation area.

Construction on the permanent billeting complex for hospital personnel has come to a virtual stand still. Inclement weather hindered the project much of the reporting period, however since the advent of favorable weather conditions, no progress has been made. Requests for engineer support for site preparations have been to no avail.

During the quarter, the hospital admitted for definitive treatment 653 military personnel, three (3) American civilian employees, sixteen (16) Vietnamese military personnel and two (2) Viet Cong and/or North Vietnamese Army Prisoner of War.

During the period 1 November 1966 through 31 December 1966 thirty (30) enlisted men rotated to CONUS with limited number of replacements at that time. Liaison with higher headquarters resulted in twenty (20) filler personnel from other Group units being assigned which enabled the unit to continue performing its mission with no loss of efficiency.

Change in key personnel was made on 29 December 1966 when 1SG Donald G. Camder was transferred and replaced by SFC (E7) Marien D. Ferris.

The annual AGI/CMI Inspection was conducted by the 1st Logistical Command Inspector General team on 29 November 1966 with a resulting rating of satisfactory.

Two General Surgeons, Captain Albert F. Peters, 0513061 and Captain Robert Gasior, 05518482 were administered the first part of General Surgical Specialty Board in Saigon, Vietnam on 7 December 1966 and successfully completed it.

Under the provisions of paragraph 3, Special Order 203, Headquarters, United States Army Support Command, Qui Nhon dated 2 December 1966, the 2d Surgical Hospital was released from attached to 34th Supply and Service Battalion and attached to An Khe Sub Area Command for logistical support only.

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AVCA-MB-GB-SA-A

6 February 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65)(U)

Visitors during the reporting period were:

<u>DATE</u>	<u>VISITORS</u>
4 November 1966	Lartha Hays
21 December 1966	Colonel Margaret Clark, Army Chief Nurse
22 December 1966	Chris Noel, Armed Forces Network
24 December 1966	LTC Nguyen Van Tu, Chief of Staff, II Corps ARVN
24 December 1966	Doctor Billy Graham
26 December 1966	Bob Hope and Anita Bryant
29 December 1966	Major General Byron Steger, MC PACOM
31 January 1967	Brigadier General George J. Hayes, MC

Some of the major items of equipment received during the reporting period included:

<u>NUMBER</u>	<u>NOMENCLATURE</u>
2	Stretcher, Hospital wheeled
2	Frame, overhead, hospital bed
5	Refrigerators, household 12.5 cubic feet
2	Tables, operating hospital
2	Sterilizers
1	Truck, tank water 2½ ton, 1,000 gallon

MEDCAP ACTIVITIES: The 2d Surgical Hospital (MA) has been actively supporting the Vietnamese and Montagnard people in need of medical care, particularly those who have been injured as a consequence of hostile activity. MEDCAP activities have been significantly accelerated as of 1 January 1967 with the introduction of an organized medical care program being offered to the people of outlying villages and hamlets within military secure boundaries but outside the confines of An Khe proper. Together with MACV and USAID, greater opportunities are being offered to these people relative to their medical, educational and social development.

Medical care has been scheduled in an organized fashion offering consultation and therapy every Tuesday, Thursday and Saturday, visiting a different area each day. Return visits are made to each village twice each month for follow up care. Approximately 672 patients were seen in January, 441 of which were treated. Diseases were primarily upper respiratory and pulmonary infections, parasitic gastro intestinal afflictions and cutaneous eruptions. An educational program advising native population as to their self care has been initiated however learning processes are slow but hopeful.

Growth of this program should be progressive as increasing numbers of people are approached and cared for.

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6 February 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CS-DR-65)(U)

SECTION II

Part 1

COMMANDER'S OBSERVATIONS AND RECOMMENDATIONS

ITA: Adequate electrical power continues to be a problem.

DISCUSSION: At present time electrical power to this hospital is supplies by two 100 KW generators. The current load peaks at about 120 KW almost daily. This necessitates running both generators simultaneously. A malfunction of either generator would result in immediate loss of part of our primary power and total loss of back up power.

On several occasions during the reporting period, line overload has caused total power failures while surgical procedures were in progress. The power was off in the operating rooms for periods of seconds to 25 minutes. We found that our storage of battery lights, though available for use in the operating rooms, were inadequate for abdominal and thoracic surgery. As an expedient the 15 KW generator by TO&E has been connected to our operating rooms for emergency back up power.

Plans are in progress to rewire the entire Camp Radcliff area and install a central power plant. At the present time the best estimates place the completion of this project in September 1967.

ITEH: The need for adequate back up for organic water truck.

DISCUSSION: Since arrival in country, water for the unit has been trucked into the area from the base water point and stored in lister bags, five gallon water cans and more recently in a 10,500 gallon water tank. The water truck was in continuous use to keep the water level up to meet daily requirements. During scheduled maintenance and/or any period when the vehicle was non-operational, the hospital was faced with a critical problem.

An attempt to drill a well in the hospital area was to no avail.

A requisition along with complete justification was submitted and on 25 January 1967 a truck tank water, 2½ ton, 1,000 gallon was received.

ITEM: Inadequate space in Receiving and Evacuation Section for out-patient clinic.

DISCUSSION: This hospital provides consultation service in orthopedics and general surgery for the Camp Radcliff area. There has been a gradual increase in the number of out patients seen during the past three months from 750 patients seen in October to 1175 patients seen in December. This created a problem in the Receiving and Evacuation building. Patients accumulating in the waiting area of Receiving and Evacuation impeded the smooth flow of acute casualties through the Receiving and Evacuation Section.

6 February 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (AFC 09604-65)(U)

OBSERVATION: A covered out door waiting room was constructed adjacent to the Orthopedic Cast room. The orthopedic consultations and out patient treatment is carried out in the cast room. A similar type construction is planned adjacent to the Receiving and Evacuation Section to serve as a general surgical patient waiting area.

ITEM: TO&E X-ray developing equipment is inadequate

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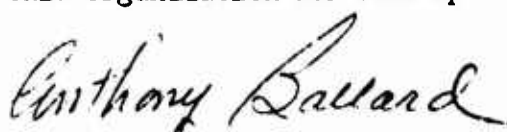
DISCUSSION: The TO&E X-ray developing equipment is inadequate for the efficient handling of large numbers of acute casualties. Because of the slow hand developing process, a bottleneck invariably occurs in the X-ray Section delaying patient care. The wet film that is eventually produced, while technically good initially, becomes streaked and scratched if carried to the Operating Room or otherwise delayed from final washing and drying.

Polaroid films are not of adequate quality to substitute for regular negative image films especially in the evaluation of damage caused by missiles.

OBSERVATION: Rapid, efficient early procession of x-rays can be done by a small portable machine such as the Speed-X "H" manufactured by the General Aniline and Film Corporation. This developing unit is portable, produces a dry negative image within sixty (60) seconds, can be used in daylight and could be used readily in x-ray building, operating room or field tent. Personal experience with this unit leads me to believe that it would provide a means of relieving the bottleneck that exists in the x-ray section during the processing of large numbers of acute casualties.

Part 2 Recommendations

It is recommended that pending the completion of the central power plant, a 100 KW generator be provided this organization for back up power supply.



ANTHONY BALLARD
Major, MC
Commanding

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1 - Commander-in-Chief, USARPAC
ATTN: GPOF-LH, APO 96558
(Direct)

1 - Commanding General, USARV, Qui Nhor
ATTN: Historian, APO 96238
(Direct)

3 - Commanding General, USARV
ATTN: AVC-LH, APO 96307
(Direct)

1 - Commanding Officer, An Lhe Sub
Area Command, ATTN: S-1
AIO 96294 (Direct)

AVCA MB-GB-C (6 February 1967) 1st Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65)

Headquarters, 55th Medical Group, APO 96238, 9 February 1967

THRU: Commanding Officer, 44th Medical Brigade, ATTN: Historian,
APO 96307

Commanding General, 1st Logistical Command, ATTN: AVLC GO-H,
APO 96307

Commanding General, United States Army, Vietnam, ATTN: Surgeon
APO 96307

Commander-in-Chief, United States Army, Pacific, ATTN: GPOP-MH,
APO 96558

TO: Assistant Chief of Staff for Force Development
Department of the Army, Washington, D.C. 20310

1. I concur generally in the observations and recommendations submitted
by the Commanding Officer, 2d Surgical Hospital.

a. Construction of a permanent billeting complex for hospital
personnel is continuing on a self-help basis. The Commanding Officer,
2d Surgical Hospital, advised this headquarters on 8 February 1967 that
engineer support for site preparation for troop billets has commenced again
on a limited basis.

b. This hospital does not have a MEDCAP Program approved in
accordance with USARV Regulation 40-39. Their support of the Vietnamese
and Montagnard population in the An Khe area consists of providing
professional personnel to assist MILFAP and USAID activities, including
limited hospitalization of indigenous personnel when operational conditions
permit, and should be reported as a civil affairs program.

c. The problem of adequate electrical power for the hospital
complex has apparently been solved. The Commanding Officer, An Khe
Sub-Area Command, has indicated that a 350 KW generator is programmed
for installation at the 2d Surgical Hospital in the near future.

d. The Commanding Officer, 2d Surgical Hospital, has been
directed to submit USARV Form 13 through channels requesting the
non-standard x-ray equipment alluded to in the basic communication.

AVCA MB-GB-C (6 February 1967) 1st Ind 9 February 1967
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65)

2. The 2d Surgical Hospital does not have any units assigned,
attached, or under its operational control as of 31 January 1967.

TEL: QN 679

Robert M. Hall
ROBERT M. HALL
Lieutenant Colonel, MC
Commanding

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AVCA-MB-PO (6 Feb 67)

2nd Ind

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending
31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307 19 February 1967

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-O, APO
96307

1. This headquarters concurs with comments and observations of the
basic report as modified by comments in the 1st indorsement.

2. Reference to Section II, Part I, ITEM: Inadequate space in
Receiving and Evacuation Section for Outpatient Clinic. 44th Medical
Brigade, was not previously informed of the problem area. The 2nd
Surgical Hospital will be notified to submit a construction plan to
enlarge the inadequate area.

Lynx 382

1 Incl
NC

Ray L. Miller
RAY L. MILLER
Colonel, MC
Commanding

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AVCA GO-O (6 Feb 67) 3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 January
1967 (RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307

11 MAR 1967

TO: Deputy Commanding General, United States Army, Vietnam, ATTN:
AVHGC-DH, APO 96307

1. The Operational Report - Lessons Learned submitted by the 2d Surgical Hospital for the quarterly period ending 31 January 1967 is forwarded herewith.

2. Reference 1st Indorsement, paragraph 1c, Item: (Electrical Power). Non-concur. Permanent power for the 2d Surgical Hospital is to be provided from a power plant consisting of ten (10) 1,500 KW generators. The contractor for the construction of this plant and the associated distribution system has been given notice to begin construction. A letter has been sent to the 55th Medical Hospital and the An Khe Sub-Area Command informing them of this fact.

3. Reference Section I, page 1, paragraph 2, Item: (Cantonment Construction). Concur. Construction of the 2d MASH Cantonment has been directed by the 18th Engineer Brigade for self-help construction. The 70th Engineer Battalion (Combat) administers the program and supplies horizontal effort for site preparation and prefabrication of materials for cantonment.

4. Reference Section II, page 3, Part I, Item: (Adequate Electrical Power Continues to be a problem) and page 4, Section II, recommendations: Concur. The use of 15 KW generators for emergency backup power, and the use of battery lights during abdominal surgery are inadequate. To satisfy the requirement for adequate backup power, the 2d Surgical Hospital has been provided an additional 100 KW generator from the resources of the Engineer, United States Army Support Command, Qui Nhon.

5. The 2d Surgical Hospital engaged in combat support operations for 92 days during the reporting period.

6. Concur with the basic report as modified by the comments contained in the preceding indorsements. The report is considered adequate.

FOR THE COMMANDER:

TEL: Lynx 430-782

Franklin E. Dotson
Franklin E. Dotson
Col, AGC
Asst Adjutant General

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AVHGC-DH (6 Feb 67) 4th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 15 APR 1967

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-OT
APO 96558

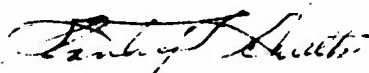
1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 January 1967 from Headquarters, 2d Surgical Hospital (Mobile Army) as indorsed.

2. Pertinent comments follow:

a. Reference Item concerning electrical power problem, Page 3; Recommendation, Page 4; Paragraph 1c, 1st Indorsement; and Paragraph 2, 3d Indorsement: Nonconcur with Paragraph 1c, 1st Indorsement. Concur with Paragraph 4, 3d Indorsement. Action taken by Qui Nhon Support Command is considered adequate for emergency power supply requirements until the completion of the central distribution system.

b. Reference Item concerning inadequate space for out-patient clinic, Page 3; and Paragraph 2, 2d Indorsement: Concur. Action taken by 44th Medical Brigade is appropriate. The construction plan from the 2d Surgical Hospital should be directed to the base development board. 1st Logistical Command has been so informed.

FOR THE COMMANDER:


STANLEY E. SCHULTS
Major, AGC
Asst. Adjutant General

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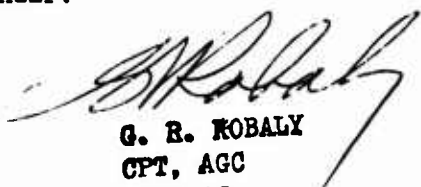
GPOP-OT (6 Feb 67) 5th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967, RCS CSFOR, HQ 2d Surgical Hosp (Mobile Army)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 11 MAY 1967

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:


G. R. KOBALY
CPT, AGC
Asst AG